

APR 6 2005

TEW/J

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

PATENT FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 200)

<i>Complete if Known</i>	
Application Number	10/718,285
Filing Date	November 19, 2003
First Named Inventor	Tunink, Corey Dean
Examiner Name	Kenneth W. Bower
Art Unit	3653
Attorney Docket No.	020375-019212US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$) Fee (\$)

Multiple dependent claims

50 25

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims

200 100

36 -20 or HP = 0 x \$50 = \$0

360 180

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

6 -3 or HP = 1 x \$200 = \$200

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

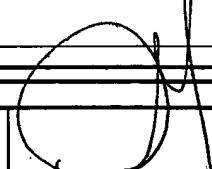
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 = _____ / 50 = _____	(round up to a whole number)	x _____	= _____

4. OTHER FEE(S)

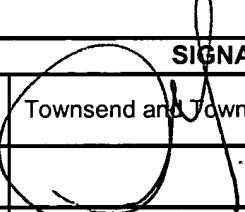
Non-English Specification, \$130 fee (no small entity discount)

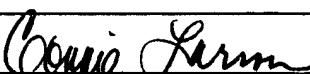
Other: _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 38,464	Telephone 303-571-4000
Name (Print/Type)	Darin J. Gibby		Date April 1, 2005

O I P E T R A N S M I T T A L F O R M <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/718,285
		Filing Date	November 19, 2003
		First Named Inventor	Tunink, Corey Dean
		Art Unit	3653
		Examiner Name	Kenneth W. Bower
Number of Pages in This Submission		Attorney Docket Number	020375-019212US

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
		Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Darin J. Gibby		
Date	April 1, 2005	Reg. No.	38,464

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Connie Larson	Date	April 1, 2005



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PATENT
Attorney Docket No.: 020375-019212US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On April 1, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: Connie Larson

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Corey Dean Tunink et al.

Application No.: 10/718,285

Filed: November 19, 2003

For: MULTIPLE INSERT DELIVERY
SYSTEMS AND METHODS

Customer No.: 20350

Confirmation No.

Examiner:

Technology Center/Art Unit:

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed March 1, 2005, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

04/07/2005 YPOLITE1 0000006 201430 10718285
01 FC:1201 200.00 DA